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APPLICATION NUMBER	FILING OR 371 (e) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/804,832	03/17/2004	Terry D. Perkinson	TP-001

Edward M. Bushard
3221 19th St.
Sacramento, CA 95818

CONFIRMATION NO. 7133

FORMALITIES LETTER

OC000000012870718

Date Mailed: 06/04/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$115 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$565 for a Small Entity

- \$385 Statutory basic filing fee.
- \$65 Late oath or declaration surcharge.
- Total additional claim fee(s) for this application is \$115
 - \$43 for 1 independent claims over 3.
 - \$72 for 8 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts
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A copy of this notice MUST be returned with the reply.

Talw

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PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

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Credit Card Billing Address**Street Address 1:** 3221 19th St.**Street Address 2:****City:** Sacramento**State/Province:** CA**Zip/Postal Code:** 95818**Country:** USA**Daytime Phone #:** 916-402-4900**Fax #:** 916-444-1717**Request and Payment Information****Description of Request and Payment Information:***Fee + Late Fee*☒ **Patent Fee**☐ **Patent Maintenance Fee**☐ **Trademark Fee**☐ **Other Fee****Application No.**

10/804,832

Application No.**Application No.****IDON Customer No.****Patent No.****Patent No.****Registration No.****Attorney Docket No.**

TP-001

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